

P. ERIC TURNER

Name

32

District

Republican

Party Affiliation

## HOUSE OF REPRESENTATIVES OF THE STATE OF INDIANA

STATE HOUSE  
INDIANAPOLIS, INDIANA 46204STATEMENT OF ECONOMIC INTERESTS  
FOR THE CALENDAR YEAR 2005

This statement shall be filed by members not later than seven days following the first session day in January of each year and covers only activity occurring in the preceding calendar year. Non-incumbent candidates for the General Assembly must file this statement before filing a declaration of candidacy. All statements shall be filed with the Principal Clerk of the House, Room 3A-8, 3rd Floor State House, Indianapolis.

Additional pages may be inserted, if necessary, See IC 2-2.1-3, for any clarification of the questions.

Incumbent legislator (x) X

Legislative candidate (x) \_\_\_\_\_

1. List the name of your employer(s) and the employer(s) of your spouse and the nature of the employer's business. "Employer" means any person or entity from whom the member of or candidate for the Indiana General Assembly or his spouse received more than 33% of his non-legislative income.

NAME OF EMPLOYER	NATURE OF BUSINESS	Your Employer (x)	Spouse's Employer (x)
American Promotional Events	wholesale distributor	x	
T3 Investments Corp	Investments	x	

2. List the name of every sole proprietorship or professional practice operated by you or your spouse and the nature of the business.

NAME OF BUSINESS	NATURE OF BUSINESS	Your Business (x)	Spouse's Business (x)
GREAT WALLS	wallpapering		x
TURNER Properties		x	x

3. List the name of every partnership and limited liability company of which you or your spouse are a member and the nature of the business.

NAME OF BUSINESS	NATURE OF BUSINESS	Your Business (x)	Spouse's Business (x)
TURNER Partnership	Real Estate	x	
AMERICAN Heritage Pts LLC	Real Estate	x	
RADIO ACRES LLC	Real Estate	x	
MAIN STREET CAPITAL PARTNERS LLC	INVESTMENTS	x	
US Health LRC	Real Estate	x	
SAFE HARBOR FUND LP	INVESTMENTS	x	
HARBORLIGHT Diversified Fund	INVESTMENTS	x	

4. List the name of any corporation of which you or your spouse are an officer or director and the nature of the corporation's business. Churches need not be listed.

NAME OF BUSINESS	NATURE OF BUSINESS	Your Business (x)	Spouse's Business (x)
T-3 Investments Corp	Real Estate & Investments	x	
PAUL E TURNER FOUNDATION	charitable FOUNDATION	x	

5. List the name of any corporation in which you, your spouse or unemancipated child own stock or stock options having a fair market value in excess of \$10,000. No time or demand deposit in a financial institution or an insurance policy need be listed.

NAME OF BUSINESS	Your Stock (x)	Spouse's Stock (x)	Children's Stock (x)
T3 INVESTMENTS CORP	x		
<del>MAIN STREET CAPITAL PARTNERS</del>			
PARAMETRIC Technology Corp	x		
PREMIER Technologies	x		
WASHINGTON MUTUAL INVESTORS FUND	x	x	
NEW PERSPECTIVE FUND	x	x	
NEW Economy FUND	x	x	
BERKSHIRE HATHAWAY INC	x		
COCA COLA CO	x		
S&P 500 INDEX FUND	x		
US SMALL COMPANIES EQUITY INDEX FUND	x		

6. List the name of any state agency or the supreme court of Indiana which licenses or regulates any of the following: (a) your profession or occupation, (b) your spouse's profession or occupation or (c) any proprietorship, partnership, corporation or limited liability company listed under items 2, 3, or 4. Also list the nature of the licensure or regulation. The requirement to file certain parts with the secretary of state or to register with the department of revenue as a retail merchant, manufacturer or wholesaler shall not be considered as licensure or regulation.

NAME OF STATE AGENCY	NATURE OF LICENSURE	Profession or Occupation (x)		Business listed under No. 2, 3, 4 (x)	
		You	Spouse	You	Spouse
INDIANA State Fire Marshal	Wholesale Fireworks	x			
INDIANA BOARD OF Health	Nursing Home			x	

7. List the name of any person whom you know to have been a lobbyist in the previous calendar year and whom you know to have purchased the following: (a) from you, your sole proprietorship or family business, goods or services for which the lobbyist paid in excess of \$100 or (b) from you partner, goods or services for which the lobbyist paid in excess of \$1,000. This subdivision does not apply to purchases made after December 31, 1998, by a lobbyist from a legislator's retail business made in the ordinary course of business at prices that are available to the general public. For purposes of this subdivision, a legislator's business is considered a retail business if the business is a retail merchant as defined by IC 6-2.5-1-8. "Lobbyist" means any person, firm, corporation or association registered under IC 2-7-2. "Family business" means a corporation in which you and your spouse own at least 80% of the voting stock, regardless of whether all or a portion is owned jointly or severally.

NAME OF LOBBYIST	Purchased over \$100 from you or your business (x)	Purchased over \$1,000 from your partner (x)

8. List the name of any person or entity from whom you received any of the following: (a) any gift of cash from a lobbyist, (b) any single gift other than cash having a fair market value in excess of \$100 or (c) any gifts other than cash having a fair market value in the aggregate in excess of \$250. Gifts from a spouse or close relative need not be listed unless the donor has a substantial economic interest in a legislative matter. Campaign contributions need not be listed.

NAME OF DONOR	Any gift of cash from a lobbyist (x)	Any single gift over \$100 (x)	Total gifts over \$250 (x)
ALLIED Theater Owners of Indiana		x	
INDIANA Energy Association			x
Indianapolis Airport Authority			x
Glaxo SmithKline			x
Anheuser-Busch Companies			x
Bingham McHale LLP		x	
Vectren		x	
CE DIA			x
INDIANAPOLIS Motor Speedway		x	

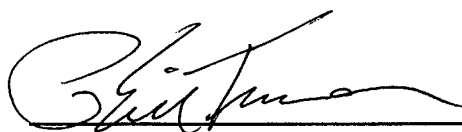
9. List the name of any lobbyist: (a) who is a member of a partnership or limited liability company of which you are a partner or member or employee or (b) who is an officer or director of a corporation of which you are an officer, director or employee or (c) who is a manager of a limited liability company of which you are a member or employee. Describe the legislative matters which are the object of the lobbyist's activity.

NAME OF LOBBYIST	LEGISLATIVE MATTERS WHICH ARE THE OBJECT OF THE LOBBYIST'S ACTIVITY	Your Connection

10. List the name of any person or entity on whose behalf you have appeared before, contacted or transacted business with any state agency or official thereof. List also the name of the state agency, the nature of the appearance and the cause number, if any. This does not apply when the services are rendered without compensation. "State agency" does not include state-supported colleges or universities or the agencies of any municipality or political subdivision of the state.

NAME OF PERSON	NAME OF STATE AGENCY	Nature of Contact, Appearance, Etc.	Cause Number

I certify that the foregoing information is true, accurate and complete, as I am verily informed and believe.



Signature

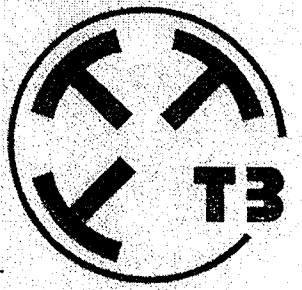
Filed with the Clerk of the Indiana House  
of Representatives  
this 11 day of JANUARY 2006.

Ann Kupar, Deputy Clerk  
Name, Title

5541 South Harmon  
Address

Marion, Indiana 46953  
City

765-674-9195  
Area Code / Telephone



P. O. Box 700 – Gas City, IN 46933

January 10, 2005

I have stock in, and serve as President of, T-3 Investments Corporation.

T-3 Investments Corporation has interest in the following entities:

Upland Investors, LLC	Real Estate
Turner Medical Investments, LLC	Real Estate
Lakeview Commons, LLC	Real Estate
Americare Living Centers, LLC	Nursing Home
DIH, LLC	Real Estate
Heritage Medical Properties, LLC	Real Estate
Hillcrest Estates, LLC	Real Estate
Heritage Commons of Portland, LLC	Real Estate
Village Medical Investors, LLC	Real Estate
Community Investors, LLC	Real Estate
Village East, LLC	Real Estate
Batesville & Main, LLC	Real Estate
Americare Communities Assisted Living, LLC	Assisted Living

